

Receivership Claims and Appeals Procedure

Receivership Appeal Procedure ("RAP")

*This appeal procedure applies to those who have filed a POC against the PIRRG estate. Others may utilize this RAP to appeal decisions of the Receiver concerning non-claim matters if the decision may affect a financial interest, contract right, or legal entitlement of the person making the appeal. **Appeals of any kind must be received by the SDR within sixty (60) days of the determination that is being appealed, or the determination will be final.** Any questions about appeal deadlines should be directed to the SDR using one of the methods of contact listed below. Please refer to the following paragraphs to file an appeal.*

1. Not more than sixty (60) days after the later of the mailing of the written notice of claim determination, or of any report to the court concerning a claim determination, a person may file with the SDR an objection to the determination of the SDR on the claim that is the subject of the mailed "written notice" or the "report" to the court. To be timely, the appeal must be received by the SDR on or before the appeal due date. This applies to any written determination of the SDR.
2. Failure to file a timely appeal of a determination with the SDR will waive any right of the claimant to pursue his, her, or its claim against PIRRG, and the SDR's determination will become final and non-appealable.
3. Appeals should be submitted using the Appeal Form found at www.rsgca.org. An appeal should, at a minimum, include a brief explanation, clearly reference the determination or matter that is being appealed (including any applicable claim reference numbers), and state the claimant's desired outcome. Appeals must be in writing and should be sent by mail to the SDR at the address below. A method that allows for tracking (U.S. Certified Mail, FedEx, UPS, etc.) is recommended but not required.
4. If an appeal is timely filed following the requirements of this RAP, the SDR will work to resolve the appeal based upon information submitted. The SDR will submit to the court a report on the determination of the SDR on each claim to which an unresolved appeal has been filed. The court shall fix a time for a hearing on such claims and shall direct the SDR to give notice of the hearing. The notice provided by the SDR must:
 - a. Be sent to the claimant by first-class U.S. mail, postage prepaid, not more than thirty (30) days and not less than ten (10) days before the hearing, on any claim to which an objection has been filed; and
 - b. Specify the time and place of the hearing.
5. A hearing may be conducted by the court or by a master or referee appointed by the court. If a hearing is conducted by a master or referee, the master or referee shall submit findings of fact and recommendations to the court. The court shall enter an order approving or denying, in whole or in part, a claim filed against an insurer. Any such order is an appealable order.
 - a. An order by the trial court may be appealable to the Supreme Court of Nevada in accordance with Nevada Supreme Court Rules.
 - b. An order by the trial court that is not timely appealed to the Supreme Court of Nevada is deemed "final."

Submit POC Forms, appeals, and other PIRRG related correspondence by mailing to the SDR:

Regulatory Services Group, Attention: PIRRG SDR
P.O. Box 26894
San Francisco, CA 94126

Direct all questions, comments, or concerns regarding policy claims or appeals to:

Email: pirrgpoc@caclo.org
Telephone: (415) 676-2101

PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC.

APPEAL FORM

Return this completed Appeal Form with any necessary supporting documentation to:

Regulatory Services Group
Attention: PIRRG SDR
P.O. Box 26894
San Francisco, CA 94126

Please carefully read the Receivership Claims and Appeal Procedure prior to completing this Appeal Form. Please print or type.

Name of Claimant	Proof of Claim Number	\$ Total Amount of Claim
Street Address		Soc. Sec. or Tax ID Number
City	State	Zip
E-mail Address		Telephone Number
		Facsimile Number

If the claimant is represented by an attorney, please complete the following section:

Name of Attorney	Bar Card No.
Name of Law Firm	Tax ID Number
Street Address	Telephone Number
City	State
Zip	Facsimile Number
E-mail Address	

NOTE: ATTACH COPY OF POWER OF ATTORNEY.

Explanation of Appeal: You must include a brief explanation, clearly reference the determination or matter that is being appealed (including any applicable claim reference numbers and the date(s) that the determination(s) were made) and state your desired outcome of this appeal.

State of _____
County of _____

Unless noted herein, I alone am entitled to file this appeal, no others have an interest in this claim, no payments have been made on the claim, no third party is liable on this debt, the sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Appeal and all documents submitted in support of this Appeal are true, complete, and correct.

Print Name of Claimant or Authorized Agent

Signature of Claimant or Authorized Agent

Title

Sworn to and subscribed before me this _____ day of _____, 2023

Notary Public Signature

NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM.

Please check with the SDR before sending any large mailings to prevent duplicate document submissions and conserve the assets of the estate. Do not re-submit documents that were previously submitted with a Proof of Claim.